

RICHLAND COUNTY HEALTH AND HUMAN SERVICES
CARE MANAGEMENT ORGANIZATION

CLAIMS DISPUTE FACT SHEET

Can a provider dispute a claims denial or partial claims payment?

Yes, if a Provider wishes to dispute a claim denial or partial claims payment, it may request that Richland County Health and Human Services reconsider its action.

How do I request a reconsideration?

A provider must file a written request with Richland County Health and Human Services' Provider Network Developer within sixty (60) days of Richland County Health and Human Services' action. Submit this to:

Richland County Health and Human Services
Attn: Provider Network Developer
221 West Seminary Street
Richland Center, WI 53581

If I have questions about how to file this, who can I contact?

You can contact the Provider Network Developer at (608) 647-8821 x 276. The Provider Network Developer will help guide you through this process.

If I do not agree with the decision upon reconsideration, what are my options?

You can file an appeal reconsideration request or failure to respond by filing a written request to the Department of Health and Family Services (DHFS) within (60) days of Richland County Health and Human Services' final decision of failure to respond. In filing a request for reconsideration or appeal, Provider must clearly mark it as an "appeal" and indicate your name, address, date of service, date of billing, date of rejection, and reasons for your request for reconsideration or appeal.

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CLAIMS PROCESSING FACT SHEET

1. Richland County Health and Human Services will pay all clean claims received in a timely manner. All services must have received an advanced authorization. Richland County Health and Human Services will pay all clean claims that receive advance authorization within thirty (30) days of receipt of the claim.
2. Richland County Health and Human Services will reject any claim that does not include the elements of a clean claim. Richland County Health and Human Services will sent the rejected claim back to the provider for correction.
3. Submit all claims to:

Richland County Health and Human Services
CMO Claims Department
P.O. Box 288
Richland Center, WI 53581
4. The claim must be submitted in a format and coding system acceptable to Wisconsin's Medical Assistance Program.
5. For claims previously billed to a third party payer, attach a copy of the Remittance Advice or Explanation of Medicare Benefits to the claim form.
6. Provider must bill Richland County Health and Human Services no later than ninety (90) days from the time services were provided.
7. Richland County Health and Human Services is the payor of last resort. The Provider must bill other primary third party payors first. In the event the primary payor denies the claim or makes only a partial payment on the claim, the Provider must submit invoices to Richland County Health and Human Services within forty-five (45) days of receiving the denial or partial payment. Richland County Health and Human Services will then determine the appropriate additional payment, if any.
8. Provider must accept payment made by Richland County Health and Human Services and/or any third party payors as payment in full and cannot bill, charge, seek remuneration or compensation from or have any recourse against our CMO members.

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PRIOR AUTHORIZATION FACT SHEET

1. All services provided to members must be authorized in writing by Richland County Health and Human Services prior to the delivery of services, and the total services provided each month to members may not exceed the amounts authorized in writing by Richland County Health and Human Services.
2. A written authorization for each and every service to be provided will be sent to the Provider specifying the specific service to be provided, the amount of service (*number of units*) to be provided, and the duration of services to be provided.
3. Provider may request additional service authorization(s) (*new/additional service(s)*) or extensions of existing authorizations by contacting the member's Care Management Team. The Care Management Team may consider requests for new/additional or extensions of existing authorizations, however the mere factor of a request does not in any way imply that there will be any change in service level, service type, or duration of service.
4. It is understood that the final authority for determining member eligibility for services and amount of services to be provided to members rests with Richland County Health and Human Services and that Provider will not be reimbursed for unauthorized services provided to members or provided in amounts that exceed those authorized.
5. Provider shall notify its employees of these service authorization procedures.
6. Provider must provide services to members only in the amounts authorized by Richland County Health and Human Services and will be responsible for the cost of any services provided by Provider that exceed the amounts authorized by Richland County Health and Human Services. Under no circumstances can Provider seek payment from the member for the cost of services exceeding the total amount(s) authorized by Richland County Health and Human Services.
7. Provider must notify Richland County Health and Human Services immediately in an emergency situation. Richland County Health and Human Services will work with provider to immediately authorize any services that are needed.

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COMMUNICATION FACT SHEET

Richland County Health and Human Services strives to ensure good communication between agencies.

What information do I need to report to Care Managers?

Provider must report any change in member's condition, injury, illness, hospitalization, or deterioration to the Richland County Health and Human Services' Care Management Team that has been assigned to the member, or to our On-Call Worker.

How Can I Reach the Care Management Team or On-Call Worker?

We can be reached 7 days per week, 24-hours per day at the following phone numbers:

During Normal Business Hours (8:00 a.m. to 5:00 p.m.)

Richland County Health and Human Services
221 West Seminary Street
Richland Center, WI 53581
(608) 647-8821

All Other Times

Richland County Sheriff's Dept.
(608) 647-2106 or
(800) 544-2106 toll free or
(800) 283-9877 TTY (Wisconsin Telecommunications Relay System)

*Note: The after hours number will connect you with the Sheriff's Department dispatcher. The TTY number will connect you with a service that can relay your message to the Sheriff's Department dispatcher and on-call system. Tell the dispatcher, **"I would like to access the CMO emergency on-call system"**. The dispatcher will take your name and number and page the on-call worker, who will then call you back **within** 15 minutes. If a call is not returned within 15 minutes, call the after hours number and have the on-call worker paged again.*

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CRITICAL INCIDENT FACT SHEET

Richland County Health and Human Services CMO is required under Federal Law and our contract with the State of Wisconsin to "protect the health and welfare of individuals provided services." Part of this requirement requires Richland County Health and Human Services to collect information about critical incident involving our members. Collecting this information and analyzing this information enables the State and Richland County Health and Human Services CMO to protect the health and welfare of our members by:

- Recognizing incidents in which harm has occurred.
- Responding to each incident in a way that, to the extent possible, ameliorates any harm that has occurred and prevents any future harm.
- Analyze all incidents to reduce or eliminate the causes of such harm.

Definitions

"Critical Incident" means any actual or alleged event/situation that results in death, creates a significant risk or serious harm to the physical, mental health, safety, or well being of a member.

- ✓ Any abuse or neglect of the member that is known or suspected;
- ✓ Errors in medical or medication management;
- ✓ The initiation of an investigation by law enforcement of an event or allegation regarding a member as either a perpetrator or victim, unless such action is a component of an approved crisis or treatment plan;
- ✓ Violation of client rights resulting in substantial harm or loss of property;
- ✓ Crime committed by or against the member resulting in substantial harm or loss of property;
- ✓ Significant and substantial damage to the residence of the member or service provider;
- ✓ Use of isolation, seclusion or restraint by a service provider which is not included and approved as part of a support plan;
- ✓ An event of behavior that causes serious injury or risk to the member; which may include running away, setting a fire, violence, hospitalization resulting from an accident, suspected or confirmed suicide attempts or death of the member.

"Abuse" means any of the following, if done intentionally, negligently, or recklessly:

- ✓ An act, omission, or course of conduct by another that is not reasonably necessary for treatment or maintenance of order and discipline and that does at least one of the following:
 1. Results in bodily harm or great bodily harm to a member.

2. Intimidates, humiliates, threatens, frightens, or otherwise harasses an enrollee.

- ✓ The forcible administration of medication or treatment with the knowledge that no lawful authority exists for the administration or performance.

"Neglect" means an act, omission, or course of conduct by another that, because of the failure to provide adequate food, shelter, clothing, medical care or dental care, creates a significant danger to the physical or mental health of an enrollee.

"Crime" means conduct, which is prohibited by State law and punishable by fine or imprisonment or both. Conduct punishable only by forfeiture is not a crime.

"Client Rights" means rights in Family Care as outlined in applicant materials and member handbook.

What are my requirements as a provider as it relates to Critical Incidents?

1. All individuals or entities providing services to members of Richland County Health and Human Services CMO are required to report critical incidents (use the Richland County CMO Critical Incident Report Form) as defined above to Richland County Health and Human Services within 24 hours from the time he/she becomes aware of the incident. All deaths of CMO members must be reported to Richland County Health and Human Services within twenty-four (24) hours, whether unexpected or not.
2. Providers are required to cooperate with Richland County Health and Human Services' investigation of an alleged critical incident through access to records, staff, and any other relevant sources of information.

IMPORTANT NOTE: Reporting critical incidents and cooperating with subsequent investigations by Richland County Health and Human Services does not relieve Richland County Health and Human Services or the Provider of other certification, licensing or regulatory requirements for reporting critical incidents, including requirements to report and investigate deaths or abuse and neglect of residents of certain facilities (e.g. s.50.034, s.50.04, HFS 12, 13, 83, and 88)

Whenever an employee of the Provider or any of its subcontract agencies believes that abuse, material abuse, neglect, or self-neglect of an elderly person has occurred, the employee shall make a report to Richland County Health and Humans Services as required under Wisconsin Statute 46.90.